

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

JAMES SEABROOK,

Plaintiff,

-against-

JANSSEN PHARMACEUTICALS INC., *et al.*,

Defendants.

20-CV-2005 (CM)

ORDER

COLLEEN McMAHON, Chief United States District Judge:

By order dated March 18, 2020, the Court directed Plaintiff, within thirty days, to submit a completed request to proceed *in forma pauperis* (“IFP application”) and prisoner authorization or pay the \$400.00 in fees required to file a civil action in this Court. Because Plaintiff failed to submit the forms, or pay the fees, the Court dismissed the complaint without prejudice.

The Court is now in receipt of Plaintiff’s motion requesting an extension of time to file an appeal. (*See* ECF No. 6; filed 8/11/2020.) He states: “due to the pandemic 3/3/2020: send the motion 3/18/2020 it was responded June 11, 2020: received the document.” (*Id.*) The Court construes this motion as a request to reopen the action and grants this request.

**CONCLUSION**

The Clerk of Court is directed to mail a copy of this order to Plaintiff and note service on the docket.

The Court construes Plaintiff’s motion (ECF No. 6) as a motion to reopen the action and grants the motion. The Clerk of Court is directed to vacate the order of dismissal and civil judgment (ECF Nos. 4-5).

Plaintiff is directed to submit the attached IFP application and prisoner authorization within thirty days of the date of this order. If Plaintiff fails to comply with this order, the action will be dismissed without prejudice. *See* 28 U.S.C. §§ 1915, 1915.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444-45 (1962) (holding that an appellant demonstrates good faith when he seeks review of a nonfrivolous issue).

SO ORDERED.

Dated: August 13, 2020  
New York, New York

A handwritten signature in black ink, appearing to read "Colleen McMahon", is written over a horizontal line.

COLLEEN McMAHON  
Chief United States District Judge

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

\_\_\_\_\_  
(full name of the plaintiff or petitioner applying (each person  
must submit a separate application))

-against-

CV \_\_\_\_\_ ( ) ( )

(Provide docket number, if available; if filing this with  
your complaint, you will not yet have a docket number.)

\_\_\_\_\_  
(full name(s) of the defendant(s)/respondent(s))

**APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS**

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☐ No (If "No," go to Question 2.)

I am being held at: \_\_\_\_\_

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: \_\_\_\_\_

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☐ No

If "yes," my employer's name and address are: \_\_\_\_\_

Gross monthly pay or wages: \_\_\_\_\_

If "no," what was your last date of employment? \_\_\_\_\_

Gross monthly wages at the time: \_\_\_\_\_

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

|                                                    |                          |     |                          |    |
|----------------------------------------------------|--------------------------|-----|--------------------------|----|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

- |                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?
  
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
  
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
  
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
  
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

*Declaration:* I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

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Dated

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Signature

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Name (Last, First, MI)

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Prison Identification # (if incarcerated)

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Address

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City

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State

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Zip Code

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Telephone Number

---

E-mail Address (if available)

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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(full name of the plaintiff/petitioner)

-against-

CV

( ) ( )

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

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(full name(s) of the defendant(s)/respondent(s))

**PRISONER AUTHORIZATION**

By signing below, I acknowledge that:

- (1) because I filed this action as a prisoner,<sup>1</sup> I am required by statute (28 U.S.C. § 1915) to pay the full filing fees for this case, even if I am granted the right to proceed *in forma pauperis* (IFP), that is, without prepayment of fees;
- (2) the full \$350 filing fee will be deducted in installments from my prison account, even if my case is dismissed or I voluntarily withdraw it.

I authorize the agency holding me in custody to:

- (1) send a certified copy of my prison trust fund account statement for the past six months (from my current institution or any institution in which I was incarcerated during the past six months);
- (2) calculate the amounts specified by 28 U.S.C. § 1915(b), deduct those amounts from my prison trust fund, and disburse those amounts to the Court.

This authorization applies to any agency into whose custody I may be transferred and to any other district court to which my case may be transferred.

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Date

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Signature

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Name (Last, First, MI)

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Prison Identification #

---

Address

City

State

Zip Code

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<sup>1</sup> A "prisoner" is "any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms or conditions of parole, probation, pretrial release, or diversionary program." 28 U.S.C. § 1915(h).